

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	1					
6	1					
7	2					
8	2					
9	1					
10						
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50						
TOTAL IND.	3					
TOTAL DEP.	10	←	←	←		
TOTAL CLAIMS	13	██████████	██████████	██████████	██████████	██████████

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.		←	←	←		
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████